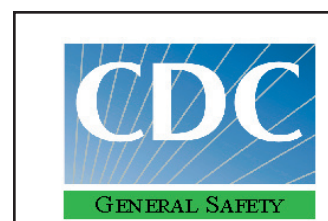
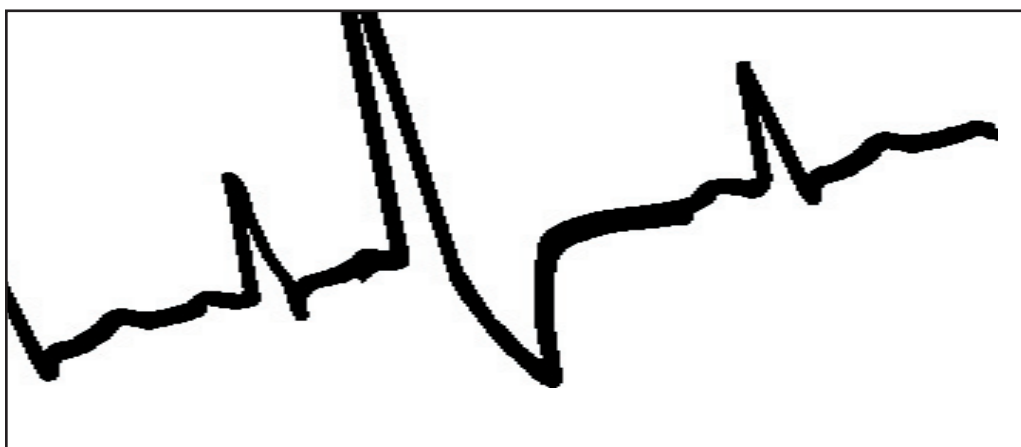


Survival Skills

A Primer on Responsibilities,
Safety Practices, and Emergency
Response for CDC Employees



Safety Survival Skills

I. General Responsibilities

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**Centers for Disease Control and Prevention
1600 Clifton Rd., F05
Atlanta, GA 30333**

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Office of Health and Safety

Director: 404-639-2453

Training Activity: 404-639-2145/6

Laboratory Safety Branch : 404-639-3235

Environmental, Health & Safety Branch: 404-639-3142

Occupational Health and Prevention Services: 404-639-3385

OhASIS: <http://intranet.cdc.gov/ohs/>

Special Thanks to the staff of the Office of Health and Safety

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Regulatory Mandates

Safety Survival Skills

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All CDC/ATSDR personnel (including FTEs, non-FTEs, contractors, Fellows, guest researchers, students, visitors, etc.) are required to be informed of and to follow appropriate Federal, State, HHS, and CDC regulations and guidelines. The most important are:

OSHA

■ Occupational Safety and Health ACT of 1970

General Duty Clause: “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious harm to his employees.”

Part 1960: Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters:

Employee Responsibilities

1. *Comply* with occupational safety and health standards, rules, regulations, and orders issued by HHS and CDC.
2. *Use* personal protective equipment and safety equipment when needed.
3. *Report* all work related accidents and illness to their supervisors.

Supervisory Responsibilities

1. *Promote and support* positive safety and health behaviors and practices among employees.
2. *Prevent* employee injury/illness and provide assistance to those seeking treatment for injuries and/or illnesses.
3. *Investigate and report* all accidents and/or injuries to the Office of Health and Safety.
4. *Ensure* that all workers know and follow safe work procedures; promptly correct unsafe practices and/or actions.
5. *Ensure* that employees are aware of their responsibilities and work in safe, uncluttered surroundings.
6. *Ensure* that all equipment operates safely and per manufacturer specifications.
7. *Ensure* that all employees know the location and operation of emergency equipment (first aid kits, eyewash/shower stations, fire extinguishers/blankets, chemical spill kits) and personal protective equipment (lab coats, gloves, gowns, eyewear).
8. *Conduct* regular discussions, surveys, and

CDC Director

“All CDC/ATSDR managers and supervisors are responsible for the health and safety of their staff, guest researchers, visiting scientists, contractors, and visitors.”

Safety Survival Skills

More Information?

Appendix A
OSH Act

Appendix B
*CDC/ATSDR Workforce
Safety Training Policy*

OhASIS
<http://intranet.cdc.gov/ohs/>

demonstrations of safe work practices and emergency response.

9. *Monitor* safety training needs of all employees including visitors; provide training opportunities in conjunction with OHS.

10. *Comply* with all applicable occupational health and safety standards, rules and regulations as well as specific CDC/ATSDR criteria.

■ **Hazard Communication Standard (29 CFR Part 1910.1200)**

Employers must provide their employees with information that:

1. Explains which hazardous chemicals are present on the job and how they are hazardous,
2. Provides ways to avoid chemical exposure, and
3. Trains employees on how to reduce the risks of working with hazardous chemicals.

CDC

■ **CDC/ATSDR Workforce Safety Training Policy (1998)** “All Centers/Institutes/Offices (CIOs) must develop, in consultation with the Office of Health and Safety (OHS), training programs suitable for the safety training of their workforce. Safety training is mandatory for all CDC personnel (both laboratorians and non-laboratorians).”

■ **Baseline Serum Storage Policy**

Establishes guidelines for the collection and maintenance of reference baseline serum samples from certain personnel, based on their job responsibilities.

■ **Corridor Use and Safety Policy**

Establishes guidelines for the safe use of corridors in CDC owned and leased space in the Atlanta area.

■ **Ergonomics Policy**

Establishes guidelines for preventing work-related musculoskeletal disorders (WMSDs) by minimizing employee exposure to ergonomic hazards.

The Office of Health and Safety (OHS)

Organization

■ **Director’s Office**

- Training Activity
- Facility Support Activity

- Resource Management Activity
- External Activities
- Occupational Health and Prevention Services
- Occupational Health Clinic
- Employee Assistance Program
- Lifestyle Program
- **Laboratory Safety Branch**
 - Operations Section
 - Radiation Protection
- **Environmental Health & Safety Branch**
 - Industrial Hygiene Section
 - Environmental Protection Section
 - Physical Safety Activity

Resource

■ **OhASIS - Office of Health and Safety Information System** (<http://intranet.cdc.gov/ohs/>) providing access to: • OHS policies, procedures and services

- Staffing directory
- Staff responsibilities directory
- Request forms
- Safety committee listings
- Training schedules
- OSHA regulations
- Safety links
- Safety manuals
- emergency response procedures & Clinic services
- “Hot” safety topics
- Training videotape library

Safety Training

■ Required Safety Training

1. The CDC/ATSDR Workforce Safety Training Policy requires all CDC workers to take annual safety training.

2. All CDC workers must complete Safety Survival Skills

Part I, General Responsibilities:

- New employees - within 30 days of employment
- “Seasoned” employees - before ID badge renewal

3. All laboratorians, EIS officers, and anyone entering laboratories must take Safety Survival Skills Part II:

Laboratory Safety.

4. All supervisors must take Safety Survival Skills Part

III: Supervisory Responsibilities.

5. New employees will receive site specific safety training **BEFORE** entering the worksite.

OHS Vision

*“Healthy people
working safely in all
CDC locations.”*

Office of Health and Safety

*Roybal Campus
Building 1
Room 1043
404-639-2453
404-639-2294 (FAX)*

Safety Survival Skills

Safety Survival Skills

*I - General Responsibilities
II - Laboratory Safety
III - Supervisory Responsibilities*

OHS Computer Based Safety Training

*30 safety training courses
are on-line ranging from office
safety to hazcom, bloodborne
pathogens, laboratory safety,
and confined space entry.*

OHS Training Library

*Safety Text Books
~ 400 Safety Videotapes
Safety Pamphlets
Safety Posters
Training Slides*

■ **Accessing OHS Safety Training**

1. Go to: <http://intranet.cdc.gov/ohs/training.htm>
2. To access Safety Survival Skills courses, you must use Internet Explorer and log-in as you would for email using your user ID, password, and domain (your Center letters, e.g. ncid).
3. To access the ClarityNet safety training courses, you must use your "user ID" and the password "password."

CDC Safety Guidelines

General

1. Wear your card key (ID badge/access card) at all times.
2. Card keys are not to be loaned.
3. Report suspicious persons or packages to security and your supervisor.
4. Children under 16 are not permitted in lab areas.

5. Report all injuries and accidents.
6. Keep all work areas clean and uncluttered.
7. Familiarize yourself with CDC signage.
8. Participate in safety training.
9. Ask questions.
10. Wear PPE when needed.
11. Familiarize yourself with:
 - emergency exits
 - eye wash and shower location
 - emergency #'s and procedures
 - first aid/CPR
 - fire response

Office Safety

Take pride in your workplace and practice accident prevention:

1. Ban negative attitudes and bad habits like:
 - Overconfidence
 - Showing off
 - Stubbornness
 - Laziness
 - Carelessness
 - Impatience
 - Ignorance
2. Know emergency evacuation procedures.
3. Know how to prevent fires and how to use the fire extinguisher.
4. When working at your desk:
 - Keep objects you regularly use within easy reach.
 - Avoid twisting, stretching or leaning backward in your chair to perform tasks.
 - Maintain good posture by sitting up straight, keeping your head and neck straight, keeping your feet flat on the floor, and by supporting your thighs and forearms.
5. Be aware of the early warning signs of “cumulative trauma disorders.”
 - Back pain.
 - Neck and shoulder pain.
 - Hand and/or wrist pain.
6. Be aware of the risk factors for “cumulative trauma disorders.”
 - Performing the same task for long periods of time.
 - Performing a task that puts excessive force or strain on a particular part of the body.
 - Performing a job in an awkward or unnatural position.
 - Working with vibrating equipment.
 - Working in the cold.

CDC Visitors in the Workplace Policy

Appendix I

Safety Incident

“I was standing on top of 2 full boxes (18”) to reach a larger box full of binders which was on top of a bookcase. With the box of binders balanced on my shoulder, I stepped off of the boxes and lost my balance when the step was farther than I thought. As I lost my balance, the box of binders slammed into my cheekbone. I tossed them away, landed on the back of my heel, and then fell onto my right hip and back. I then rolled backwards hitting my spine, shoulders, and

Safety Survival Skills

Safety Incident

"Complains of pain in wrists from resting hands on computer tray. "... "Complains of pain in left wrist and forearm which is believed to be caused by computer mouse usage or typing on keyboard." ... "The day after I did a lot of typing, I lost use of my right hand and wrist, making it hard to type, open tops, or lift heavy objects."

- Being out of shape.
- 7. When storing materials:
 - Avoid over loading file cabinets.
 - Close file cabinet drawers when finished.
 - Store heavy items on lower cabinet shelves.
 - Keep pointed and sharp objects in a box in your desk drawer.
- 8. When using copiers:
 - Learn to operate the machine beforehand.
 - Turn off the machine before making any internal adjustments.
 - Avoid overloaded circuits.
 - Avoid all contact with toner chemicals by wearing appropriate personal protective equipment like gloves, apron, and goggles if needed.
- 9. When using computers:
 - Avoid eyestrain by taking breaks, looking away periodically, preventing glare on the screen, and adjusting the screen brightness as needed.
 - Practice good posture with back straight, arms bent at 90°, hands and wrists in neutral position, thighs supported, and feet flat on the floor.
 - Position the screen so it is 18 to 24 inches away at eye level or slightly below.
 - Vary your routine.
- 10. When lifting objects:
 - Stand close to the object with your legs spread apart.
 - Squat down, keeping your back straight and your knees bent.
 - Grasp the object firmly.
 - Lift straight up using your leg muscles to do all the work.
 - Once erect, hold the object close to your body when moving it.
 - Avoid twisting your upper body at any time to move an object.
- 11. Prevent slips, trips, and falls:
 - Clean-up spills.
 - Watch out for polished floors, loose carpet, and objects on the floor.
 - Keep all legs of your chair on the floor.
 - Use step stools and ladders when reaching for top shelves.
 - Store heavy objects at chest height or lower.
 - Beware of cords lying across walkways.
 - Use as much light as possible to do the job safely.

- Avoid carrying heavy loads that block your vision

Ergonomics

Ergonomics is the science of fitting jobs to the people who work in them. The goal of an ergonomics program is to reduce work-related musculoskeletal disorders (MSDs) developed by workers when a major part of their jobs involve reaching, bending over, lifting heavy objects, using continuous force, working with vibrating equipment and doing repetitive motions.

■ What are MSDs?

MSDs are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints or spinal discs. Your doctor might tell you that you have one of the following common MSDs:

Carpal tunnel syndrome
Rotator cuff syndrome
De Quervain's disease
Trigger finger
Sciatica Epidondylitis
Tendinitis
Raynaud's phenomenon
Carpet layers' knee
Herniated spinal disc
Low back pain
Tension neck syndrome
Hand-arm Vibration syndrome

■ What causes MSDs?

Workplace MSDs are caused by exposure to the following risk factors:

- **Repetition.** Doing the same motions over and over again places stress on the muscles and tendons. The severity of risk depends on how often the action is repeated, the speed of the movement, the number of muscles involved and the required force.
- **Forceful Exertions.** Force is the amount of physical effort required to perform a task (such as heavy lifting) or to maintain control of equipment or tools. The amount of force depends on the type of grip, the weight of an object, body posture, the type of activity and the duration of the task.
- **Awkward Posture.** Posture is the position your body is in and affects muscle groups that are involved in physical

MSDs should be reported immediately at the first sign of a problem to avoid more serious damage.

Safety Survival Skills

activity. Awkward postures include repeated or prolonged reaching, twisting, bending, kneeling, squatting, working overhead with your hands or arms, or holding fixed positions.

- **Contact Stress.** Pressing the body against a hard or sharp edge can result in placing too much pressure on nerves, tendons and blood vessels. For example, using the palm of your hand as a hammer can increase your risk of suffering an MSD.

- **Vibration.** Operating vibrating tools such as sanders, grinders, chippers, routers, drills and other saws can lead to nerve damage.

■ What are signs and symptoms of MSDs that you should watch for?

Workers suffering from MSDs may experience less strength for gripping, less range of motion, loss of muscle function and inability to do everyday tasks. Common symptoms include:

- Painful joints
- Pain in wrist, shoulders, forearms, knees
- Pain, tingling or numbness in hands or feet
- Fingers or toes turning white
- Shooting or stabbing pains in arms or legs
- Back or neck pain
- Swelling or inflammation
- Stiffness
- Burning sensation

■ If you have signs or symptoms of MSDs:

- Report any signs and symptoms **right away** to avoid long-lasting problems.
- Contact the following persons to report MSDs, MSD signs or symptoms or MSD hazards:

Occupational Health Clinic	404-639-3385
Office of Health and Safety	
Jean Gaunce	404-639-4614
Cheryl Melton	404-639-1437
Janice Ashby	404-639-3148

Workplace Violence

Violence in the workplace is an unfortunate reality and affects thousands of workers each year. Simply stated, violence is the threat or use of force and can take many forms:

- Verbal abuse
- Threats
- Physical assault
- Throwing or striking objects
- Harassing or stalking
- Concealing or using a weapon
- Physically aggressive acts without physical assault

To help prevent workplace violence, you should:

- Know the warning signs
- Report every incident
- Follow security procedures
- Alert workplace to domestic violence situations
- Learn to effectively handle stress
- Maintain positive working relationships with your coworkers

If you find yourself in a violent situation:

1. Take immediate action to protect yourself
2. Notify security and your supervisor
3. Provide a description of the violent/threatening individual, the exact location, and any other details
4. Don't try to be a hero
5. Stay calm and alert while getting help
6. Seek counseling after a violent event to deal with your feelings
7. Be compassionate about those who have been victims.

Hazard Communication (29 CFR Part 1910.1200)

All employees have a "Right-to-Know" about hazardous chemicals in the workplace. The Hazard Communication Standard (HazCom) requires employers to provide employees with information about the hazardous materials in their workplace, how to avoid chemical exposures, how to reduce their risk of exposure, and what to do in an emergency. It also requires the creation of a written hazard communication program.

Supervisors who have employees working in areas where hazardous chemicals are stored, handled or used must:

Donna E. Shalala
(former HHS Director)

"Threatening or intimidating behavior and violence in the workplace are unacceptable forms of conduct and will not be tolerated."

Safety Survival Skills

*NEVER underestimate
chemical hazards
and risks*

1. Create and maintain an inventory of all hazardous chemicals;
2. Ensure proper labeling of all hazardous chemicals;
3. Acquire and maintain material safety data sheets for all hazardous chemicals in the work area;
4. Inform employees where hazardous chemicals are in the work area;
5. Inform employees of the location of the written hazard communication program, the chemical inventory, and material safety data sheets, and
6. Train employees about the hazardous chemicals used in the work area. This training should include:

■ Types of Hazardous Chemicals

- Physical
 - explosive
 - flammable
 - reactive
- Health
 - toxic
 - corrosive

■ Routes of Exposure

- Contact - skin, eyes, mouth
- Ingestion
- Inhalation
- Puncture/Cut

■ Protecting Yourself

- Gather information
 - container labels
 - manufacturer fact sheets
 - MSDSs
- Review work procedures periodically
- Minimize all exposures
- Practice good hygiene
 - no eating, drinking, smoking, applying cosmetics
 - wash hands after working with chemicals
- Wear PPE appropriate to the task
- Never underestimate the risks
- Plan for emergencies
- Consult the experts (OHS) as needed

■ Personal Protective Equipment (PPE)

The Office of Health and Safety provides specific types of PPE for CDC personnel in accordance with OSHA safety and health standards under 29 CFR 1910. The types of PPE available include:

- Gloves - type depends on hazards detailed on "PPE

Request Form”.

- Respirators - type depends on expected exposure and results of medical evaluation by CDC

Occupational Health Clinic.

- Eye/Face Protection - full face shields, goggles, and safety glasses are available. OHS will evaluate work area to determine type needed.

- Hearing Protection - earplugs and earmuffs are available in disposable and reusable types.

- Specialty Clothing - evaluated by OHS on a case-by-case basis.

■ Material Safety Data Sheet (MSDS)

Required by law to accompany all chemicals shipped by a manufacturer in the U.S. Available from OHS or the OHS website (OhASIS - <http://intranet.cdc.gov/ohs/>).

Supervisors are encouraged to have hard copies on hand of particularly hazardous chemicals. Topics covered:

- Chemical ID
- Physical hazards - will it catch fire/explode
- Physical/Chemical characteristics - boiling pt. etc.
- Reactivity - how stable is the chemical
- Health hazards - routes of exposure
- Exposure controls - PPE, ventilation
- Emergency response

To request PPE:

Go to “OhASIS”
<http://intranet.cdc.gov/OHS/>

Or call
Environmental, Health
and Safety Branch
404-639-3142

Emergency Response

■ Medical

1. **Check the scene and victim:** Is the scene safe, what happened, how many victims, is there any help?

2. **Call 9-911** if victim is: Unconscious, has trouble breathing, has chest pain/pressure, bleeding severely, has possible broken bones, has persistent pressure/ pain in abdomen, is vomiting/passing blood, has seizures, headache or slurred speech.

3. **Care for victim:** Only if you are trained, do not move unless you have training, provide CPR and first aid if

Safety Survival Skills

If you hear an

ALARM

of any kind...
leave the area!

Your primary
obligation is to get
out of the building
in a safe and calm
manner.

Participate in all fire
drills and follow the
direction of the emer-
gency program coor-
dinator for your area.

trained, comfort victim until help arrives.

■ Fire

1. Alert co-workers.
2. Call 9-911 and security desk at your location.
3. Close doors and pull nearest fire alarm as you leave.
4. Proceed to nearest exit as noted on posted evacuation map.
5. Follow instructions of “occupant emergency program” coordinators who will direct you to your designated “evacuation assembly area”.
6. Use fire extinguisher to fight fire *only if*: you are trained, the fire is small, and you have a clear way out.
7. Clean up as needed.
8. Notify supervisor and OHS.

■ Emergency Phone Numbers*

Police/Fire/Rescue/Ambulance	9-911
CDC Security Control Room	404-639-2888
Physical Security (Clifton)	404-639-3175
Office of Health and Safety	404-639-2453
CDC Emergency Information/	404-639-2611
Hazardous Weather	404-639-0222
Engineering Services (Clifton)	404-639-3216
Real Property/Space Management	404-639-2885

**Atlanta area only. Check your location for appropriate numbers.*

Working in the Field

■ Procedures

1. Plan ahead; assume the worse case scenario; evaluate each trip into the field as if it were the first.
2. Use appropriate PPE.
3. Use appropriate sharps/waste containers.
4. Carry an appropriate disinfectant/decontaminate.
5. Get vaccinated before you go:
 - Tetanus
 - MMR (mumps, measles, rubella)
 - HBV

? Yellow Fever

? Typhoid

? Meningitis

? HAV

? Rabies

(• = definitely get, ? = as needed for destination)

■ Emergencies

1. Clean exposed surface.

2. Apply first aid as needed.

3. Go to the nearest and largest hospital ER for treatment, ASAP.

4. Notify your supervisor.

5. Follow “On-the-Job Injury/Illness Reporting Procedures” as needed.

■ Safe Operations

1. Report all incidents no matter how insignificant they may seem.

2. Know hazards associated with the task.

3. Wear PPE.

4. Do Not leave waste containers at the investigation site.

All employees should become familiar with emergency procedures, phone numbers, and emergency contacts to be followed at their location.

More Information?

- Occupational Health and Prevention Services, Occupational Health Clinic - 404-639-3385

Occupational Exposure to Blood

■ The Risk

Health-care workers are at risk for occupational exposure to the human immunodeficiency virus (HIV). While the risk is very low, it is not zero. HIV infection has been reported after occupational exposures to HIV-infected blood through needlesticks or cuts; splashes in the eyes, nose, or mouth; and skin contact.

- Exposures from needlesticks and cuts cause most infections with the average risk being 0.3%.

- The risk after exposure of the eye, nose, or mouth is estimated to be about 0.1%.

Safety Survival Skills

Safety Incident

“A needle was being held by a co-worker which had just been used on a ferret showing clinical signs of rabies. When he handed it to me, I was stuck in the hand.”

- The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1%.
- Risk from all exposure is increased if the exposure involves a larger volume of blood or a higher amount of HIV in the source specimen.
- In addition to HIV, health-care workers are also at risk of exposure to hepatitis B and hepatitis C.

■ If You Have an Exposure

1. **Immediately** do the following depending on the type of exposure:
 - Needlesticks and cuts should be washed with soap and water.
 - Splashes to the nose, mouth, or skin should be flushed with water.
 - Eyes should be irrigated with clean water, saline, or sterile irrigants.
2. Report the incident to your supervisor and report to your occupational health clinic for treatment and counseling. Prompt reporting is essential with treatment recommended to begin within 1-2 hours.
3. Complete CDC Form 0.304 if you have not done so already and send to the occupational health clinic.

On-the-Job Injury/Illness Reporting Procedures

■ Injuries

1. **Immediately** report **all** work-related injuries to your supervisor.
2. Complete CDC Form 0.304 and Form CA-1 with your supervisor (within 30 days of injury to be eligible for COP).
3. Obtain a completed CA-16 from your supervisor, if possible, prior to seeking medical treatment.
4. Take Form CA-16 and CDC Form 0.304 with you to the Occupational Health Clinic (OHC). If you choose outside medical services, return completed CDC Form 0.304 to supervisor so he/she can forward white copy

to the OHC. The completed Form CA-16 should be given to the medical provider to: a) authorize treatment, b) insure correct billing, and c) to secure the attending physician's report.

5. Provide CDC form CA-17, Duty Status Report, or an equivalent medical report to your supervisor following each appointment with your medical provider.

6. If you are totally disabled because of a traumatic injury, you may use sick or annual leave, or request continuation of regular pay for the period of disability (not to exceed 45 calendar days).

■ Illnesses

1. **Immediately** notify your supervisor of **all** work-related illness or disease.

2. Complete CDC Form 0.304 and Form CA-2 with your supervisor (as soon as you realize the illness or disease is work related).

3. Take CDC Form 0.304 with you to OHC to receive medical treatment. If you choose to seek or have already received outside medical treatment, return CDC Form 0.304 to your supervisor so he/she can forward white copy to the OHC.

4. Forward Form CA-2, appropriate checklists, and required documentation to Workers' Compensation Claims Coordinator (M/S A12).

5. Provide form CA-17, Duty Status Report, or equivalent medical report to your supervisor following each appointment with your medical provider.

More Information?

■ "HRMO, OPS (404-639-3732) or OHC (404-639-3385, Clifton Rd./404-488-7824, Chamblee).

In emergency situations where there is no time to complete a CA-16, the supervisor may authorize medical treatment by telephone and then forward the completed form to the doctor within 48 hours.

Benefits for an occupational illness or disease are NOT payable until claims have been approved by the OWCP. Therefore, you are responsible for all payments to an outside medical provider and must use annual, sick, or enter leave without pay status. You may claim reimbursement for medical payments and compensation from OWCP. You may also buy back any leave used in association with your illness or disease.

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Occupational Safety and Health Protection for Federal Employees

THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970, EXECUTIVE ORDER 12196, AND TITLE 29 CODE OF FEDERAL REGULATIONS PART 1960 REQUIRE THE HEADS OF FEDERAL AGENCIES TO ESTABLISH PROGRAMS TO PROTECT THEIR EMPLOYEES FROM OCCUPATIONAL SAFETY AND HEALTH HAZARDS.

THE DESIGNATED SAFETY AND HEALTH OFFICIAL FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS

James Tricket, Deputy Assistant Secretary for Management and Acquisition
DHHS/Office of the Secretary/Assistant Secretary for Management and Budget
Wilbur Cohen Bldg., Room 4300
330 Independence Ave., S.W.
Washington, D.C. 20201

RESPONSIBILITIES OF MANAGEMENT ARE AS FOLLOWS:

1. To comply with safety and health standards issued under Section 6 of the Occupational Safety and Health Act of 1970, or develop alternate standards.
2. To develop procedures for responding to employee reports of unsafe and unhealthful working conditions.
3. To furnish approved personal protective and other safety equipment and enforce compliance with requirements with requirements for its use.
4. To inspect all workplaces at least annually with employee representatives and supervisors responsible for the workplaces.
5. To establish and enforce procedures to assure that employees are not subject to restraint, interference, coercion, discrimination, or reprisal for exercising their rights under the provisions of the Occupational Safety and Health Program of the Department of Health and Human Services and its suborganizations.
6. To ensure that notices of serious unsafe or unhealthful working conditions found during inspections are posted near the locations where the conditions exist.
7. To establish procedures for the elimination of hazardous conditions, and to inform exposed employees of the plans for eliminating the hazards. Imminent danger hazards will be corrected promptly.
8. To establish and maintain a management information system to record occupational accidents, injuries, illnesses, and their causes. The data contained in this system will be used to develop annual summaries of injuries, illnesses, and useful preventative data. Summaries will be posted for a minimum of 30 days.
9. To establish and provide occupational safety and health training programs for employees as appropriate.
10. To establish occupational safety and health committees.

RESPONSIBILITIES OF EMPLOYEES ARE AS FOLLOWS:

1. To comply with occupational safety and health standards, rules, regulations and orders issued by the Department of Health and Human Services and its suborganizations which are applicable to their actions and conduct.
2. To use personal protective equipment and other safety equipment provided for their protection.
3. To report all work-related accidents and illnesses to their supervisors.

RIGHTS OF EMPLOYEES AND THEIR REPRESENTATIVES ARE AS FOLLOWS:

1. Employees shall be authorized and granted official time to participate in the Occupational Safety and Health Program.
2. Employees shall have access to safety manuals and records covering occupational safety and health standards and injury and illness statistics.
3. Employees shall be afforded the opportunity to comment on alternate occupational safety and health standards proposed by the Department of Health and Human Services and its suborganizations.
4. Employees shall have the right to report unsafe or unhealthful working conditions and to request to appropriate officials that safety and health inspections be conducted.
5. Additional information pertaining to the Occupational Safety and Health Program, its standards and procedures, the Federal Law, and other information on safety and health shall be available for review by employees in the Occupational Safety and Health Office located at

CDC, OHS, Bldg 14, 770-639- 2453
(location and telephone number)

DISCRIMINATION

Employees who exercise their rights under the provisions of the Occupational Safety and Health Program shall be protected from discrimination, restraint, interference, coercion or reprisal.

This poster shall be displayed prominently where it can be easily read by all employees. This poster and any additions to it shall not be altered, defaced, or covered by other materials.

CDC/ATSDR WORKFORCE SAFETY TRAINING POLICY

- Sections: I. PURPOSE AND SCOPE
II. GOALS
III. POLICY
IV. REQUIREMENTS
V. RESPONSIBILITIES
VI. REFERENCES

- Exhibits: 1. CDC/ATSDR WORKFORCE SAFETY CHECK-LIST
2. SUGGESTED WORK PLAN ELEMENT FOR SUPERVISORS
3. SUGGESTED WORK PLAN ELEMENT FOR NON-SUPERVISORS

I. PURPOSE AND SCOPE

This document establishes the Centers for Disease Control and Prevention (CDC) policy for safety training of all new and current CDC workers in accordance with Occupational Safety and Health Administration (OSHA) regulation Part 1960, “Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.”

II. GOALS

The CDC Occupational Health and Safety Committee (OHSC) developed this policy to ensure that all CDC workers (FTE and non-FTE) receive up-to-date information on the safety policies and practices of CDC. The basic safety orientation courses described below are an important preface to more specialized safety training (specific to the worker’s area of work) that is to be made available by the worker’s supervisor and the Office of Health and Safety (OHS). Together, these training programs provide the worker with the knowledge and skills necessary to carry out the mission of CDC in a way that protects individuals, their co-workers and the community.

III. POLICY

All Centers/Institutes/Offices (CIOs) must develop, in consultation with the OHS, training programs suitable for the safety training of their workforce. The definition of a work force includes technical and non-technical personnel, guest researchers, visiting scientists, fellows, students, and contractors. Safety training can be administered through the OHS, but each CIO will be ultimately responsible for developing and administering the type of safety training program best suited to their facility.

Annual safety training is mandatory for all CDC personnel (both laboratorians and non-laboratorians).

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IV. REQUIREMENTS

These safety-training requirements apply to employees in CDC occupied facilities. CDC personnel assigned to other organizations (i.e., state public health departments) will follow the training requirements for those organizations.

A. CDC General Safety Orientation

All CDC workers must complete a general safety orientation course(s) that includes information on general CDC safety practices and procedures, hazard communications, office safety that includes ergonomics and safe lifting practices, emergency response, and accident and injury reporting procedures. This course may be developed and provided by the CIO with the approval of OHS. Or, OHS will provide general CDC safety orientation training entitled Safety Survival Skills in several formats: traditional classroom instruction, on-line (<http://intranet.cdc.gov/ohs/training.htm>) and in manual form (<http://intranet.cdc.gov/ohs/>). A comprehensive test on the training material must be satisfactorily completed. A certificate is issued to document completion of the OHS training and a training record is kept by OHS.

1. All new CDC workers must complete their CIO general safety orientation course or the OHS course (Safety Survival Skills, Part I - General Responsibilities- ties) and, if applicable, the laboratory/epidemiologist safety orientation course (Safety Survival Skills, Part II - Laboratory Safety) within 30 days of employment. During this period, security will issue employees access cards (card- keys) and a temporary ID badge that is valid for 30 days. A permanent photo Identification (ID) Badge will be issued once the course(s) is satisfactorily completed. Supervisors of personnel not completing the training will be required to contact the OHS Safety Training Manager to make arrangements for completion.
2. All new supervisors must also take Safety Survival Skills, Part III - Supervisory Responsibilities (<http://intranet.cdc.gov/ohs/training.htm>). This course provides a basic outline of supervisory safety responsibilities required under the Occupational Safety and Health Act of 1970 - Basic Elements for Federal OSH Programs and Related Matters (Executive Order 12196, Public Law 91-596), and guidance for maintaining a safe work environment at CDC.
3. Current CDC workers (supervisors and non-supervisors) will have to provide proof of completion of their CIO-specific safety orientation course or the appropriate version(s) of the Safety Survival Skills courses (Part I, II and III) at any time prior to renewal of their permanent ID badge. Proof of completion of the course(s) will include the certificate from OHS or the worker's training records.
4. Field station supervisors must ensure that workers take the Safety Survival Skills course(s) on the intranet (<http://intranet.cdc.gov/ohs/training.htm>) or from the manual available on the OHS website (<http://intranet.cdc.gov/ohs/>). Alternately, supervisors may provide a general safety orientation to their staff that is similar in content to Safety Survival Skills and approved by the OHS Safety Training

Manager.

B. Site-Specific Safety Training

The first-line supervisor, or another designated person, must provide site-specific safety training before the worker begins any work. This training must provide in-depth information on safety issues, policies and practices for the worker's specific work site. In general, the first-line supervisor is the individual responsible for signing the worker's time sheets, leave slips, and/or performance appraisals. The first-line supervisor may designate a qualified individual to provide this training; however, it remains the supervisor's responsibility to assure that the training is adequate and has been completed. The CDC/ATSDR Workforce Safety Checklist (Exhibit 1) is provided to record site-specific training.

C. Annual Safety Training

All CDC workers are required to complete annual safety training, including that required to meet State and Federal regulations. For example, annual training in bloodborne pathogens and hazardous chemical management is required for some laboratory workers and hazard communication is required for all workers. Each CIO should develop a core curriculum and frequency of completion of required safety courses for all of their employees. CIOs may have workers retake Safety Survival Skills and/or take other OHS approved safety courses offered on the intranet (<http://aod-xdv-cbt/>) or in the classroom to meet the annual safety training requirement(s).

Contractors must institute safety plans that meet or exceed CDC-specific guidelines and must maintain safety training records for their own personnel. If the contractor cannot provide CDC site-specific training (Exhibit 1, Workforce Safety Checklist), OHS will provide the training to those contracted personnel.

All safety training must be documented and made part of the worker's training records.

D. Compliance

Each CIO must establish a process to ensure compliance with staff safety training requirements. Supervisors with employees working in high hazard areas (labs, shops, etc.) or with hazardous materials (chemical, biological, or radiological) must have a critical safety element or sub-element in their work plan. In addition, all employees working in high hazard areas or with hazardous

materials will have a safety element or sub-element included in their work plan. The suggested workplace elements for supervisors and non-supervisors are included as Exhibit 2 and Exhibit 3. Performance standards are written at the 2, 3, and 4 levels. Performance levels 1 and 5 may be included at the discretion of the individual supervisors. CIOs may modify this work plan element to reflect the type of work performed by their staff. These work plan elements will be used for mid-year

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performance ratings of all affected employees beginning in January

2002.

V. RESPONSIBILITIES

A. Worker

1. Follows the guidelines described in the CIO or OHS general safety orientation course and in the site-specific training. Conducts his or her work in a safe manner.
2. Notifies the first-line supervisor of safety concerns or unsafe situations in the work place.

B. First-Line Supervisor

1. Ensures that the worker receives the general safety orientation training.
2. Provides site-specific training, and ensures employee compliance with the new employee and annual safety training requirements of the CDC/ATSDR Workforce Safety Training Policy.
3. Ensures that workers work in a safe manner and comply with any additional State and Federal safety regulations.

C. CIO Management: Branch Chiefs/Division Directors/CIO Directors

1. Develops a method to identify training needs and ensures safety training of all workers.
2. Ensures compliance with this policy and submits an annual report to OHS on completion of safety training by all personnel.
3. Ensures compliance with bargaining unit contracts.

D. Office of Health and Safety

1. Provides a general safety orientation course specific for all CDC workers in appropriate formats.
2. Advises on development of CIO safety training programs.
3. Provides additional safety training courses of both a general and specific nature to CDC workers, including those that meet State and Federal regulations (e.g., Radiation Safety, Hazardous Chemical Waste Management, and OSHA Bloodborne Pathogens Standard).
4. Prepares an annual report on CIO compliance with this policy.

5. Maintains attendance/training records for all CDC workers attending OHS courses.

E. CDC/ATSDR Occupational Health and Safety Committee (OHSC)

1. Periodically reviews and updates the general safety orientation course material.
2. Periodically reviews and recommends revisions to the Policy to reflect changes in Federal regulations and compliance-related issues.

VI. REFERENCES

A. CDC Memorandum, CDC/ATSDR General Policy on Workforce Safety Training, dated November 18, 1998.

B. CDC Workforce Safety Implementation Plan.
See <http://intranet.cdc.gov/ohs/policies/wst-ip.htm>.

C. Basic Program Elements for Federal Employees Occupational Safety and Health, Subsection H, Training, 29 CFR Part 1960 Sections 1960.54 - 1960.60.

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CDC/ATSDR Workforce Safety Checklist (Exhibit 1)

To the CDC/ATSDR worker: The completion of this checklist will ensure that you have been properly advised and trained regarding safety-related issues in your work area. At a minimum, the items below should be discussed by you and your supervisor prior to beginning work. The signed and dated checklist should be filed in your personnel file in your branch office and copies retained by you and your supervisor..

- _____ Discussed safety regulations specific to work area
- _____ Discussed potential electrical hazards
- _____ Discussed potential noise hazards
- _____ Discussed appropriate safety-related work attire
- _____ Discussed CDC policy on workplace violence
- _____ Reviewed emergency response procedures:
 - _____ Fire or explosion
 - _____ Medical emergency
 - _____ Evacuation routes
- _____ Reviewed CDC/ATSDR Workforce Safety Training Policy
- _____ Registered for OHS Safety Survival Skills course
- _____ Reviewed how to access OHS website
- _____ Reviewed the available job-specific safety manuals
- _____ Introduced to local Safety Committee Representative and/or is provided their name and telephone number
- _____ Received directions to the Clinic and advised on its use
- _____ Reviewed the use of CDC Form 0.304 (CDC/ATSDR Incident Report)
- _____ Reviewed the procedure for filing Worker's Compensation forms CA1, CA2, and CA16

Worker's signature _____ Date _____

Supervisor's signature _____ Date _____

Suggested Work Plan Element for Supervisors (Exhibit 2)

<i>Performance Element</i>	<i>Performance Standard</i>
Promotes and provides a safe and healthy work environment.	<p><i>Excellent (Level 4)</i> Assigned tasks are performed according to established occupational health and safety policies and procedures completed as described in “Fully Successful” standard with: no occupational-related incidents and in full compliance with current CDC/ATSDR, CIO, organization safety policy.</p> <p><i>Fully Successful (Level 3)</i> Assures existing and potential occupational hazards in organizational component are identified and appropriate actions taken/ reported to minimize or prevent those hazards.</p> <p>No more than one (1) occupationally-related incident which could have been prevented by appropriate action of incumbent meets this level.</p> <p>Failure to comply with a current CDC/ ATSDR, CIO, organization safety policy no more than one (1) time meets this level.</p> <p><i>Marginally Successful (Level 2)</i> Accomplishes only the mandatory compliance requirements with little/no initiative shown in actively pursuing/supporting safety and health programs.</p> <p>Two (2) occupationally-related incidents which could have been prevented by appropriate action of incumbent meet this level.</p> <p>Failure to comply with a current CDC/</p>

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Suggested Work Plan Element for Non-Supervisors (Exhibit 3)

<i>Performance Element</i>	<i>Performance Standard</i>
Promotes and provides a safe and healthy work environment.	<p><i>Excellent (Level 4)</i> Assigned tasks are performed as described in “Fully Successful” with no occupational-related incidents and in full compliance with current CDC/ATSDR, CIO, organization safety policies, rules, and procedures.</p> <p><i>Fully Successful (Level 3)</i> Incumbent follows CDC’s, CIO’s, and supervisor’s safety procedures, rules, and policies relating to health and safety. Incumbent reports existing or potential occupational hazards immediately to the supervisor or management. Incumbent reports all occupationally related incidents, near misses, injuries, or illnesses to the supervisor, management, or the Office of Health and Safety.</p> <p>No more than one (1) occupationally related incident that could have been prevented by appropriate action of incumbent.</p> <p>Fails to comply with CDC ‘s (ATSDR), CIO’s, or supervisor’s safety policies, rules, and procedures no more than one (1) time.</p> <p><i>Marginally Successful (Level 2)</i> Incumbent accomplishes only the mandatory compliance requirements with little or no initiative shown actively in pursuing or supporting safety and health programs.</p> <p>No more than two (2) occupationally related incident that could have been prevented by appropriate action of incumbent.</p> <p>Fails to comply with CDC ‘s (ATSDR), CIO’s, or supervisor’s safety policies, rules, and procedures no more than two (2) times.</p>

PREVENTING VIOLENCE AND THREATENING BEHAVIOR IN THE FEDERAL WORKPLACE

Sections:

- I. POLICY
- II. BACKGROUND
- III. PREVENTIVE MEASURES
- IV. IMPLEMENTATION

Attachments: IMPORTANT TELEPHONE NUMBERS

I. POLICY

Violence and threatening behavior in the Federal workplace are prohibited. Such conduct at the Centers for Disease Control and Prevention (CDC) will not be tolerated. This policy applies to everyone equally.

II. BACKGROUND

Violence is a complex phenomenon that appears to be increasing in the workplace. An average of 20 workers are murdered each week in the United States. The majority of these murders are robbery-related crimes. In addition, an estimated one million workers are assaulted annually in U.S. workplaces. Most of these assaults occur in service settings such as hospitals, nursing homes, and social service agencies. Factors that place workers at risk for violence in the workplace include interacting with the public, exchanging money, delivering services or goods, working late at night or during early morning hours, working alone, guarding valuables or property, and dealing with violent people or volatile situations.³

As the nation's prevention agency responsible for developing measures to prevent violence, CDC has developed a policy for its own employees to prevent violent incidents from occurring at CDC. While CDC is not a high-risk environment, the agency is not immune. In addition, many employees work in field assignments and situations where the risks may be higher than in office settings.

III. PREVENTIVE MEASURES

A. Weapons

CDC is a Federal facility; therefore, possession or use of firearms and other dangerous weapons on the property (owned or leased, including grounds and buildings) of the facility is illegal. Federal law⁴ states in part:

Whoever knowingly possesses or causes to be present a firearm or other dangerous weapon in a Federal facility, or attempts to do so, shall be imprisoned not more than one year or fined

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in accordance with Title 18, or both.

Whoever, with intent that a firearm or other dangerous weapon be used in the commission of a crime, knowingly possesses or causes to be present such firearm or dangerous weapon, in a Federal facility, or attempts to do so, shall be imprisoned not more than five years, or fined in accordance with Title 18, or both.

B. Security Measures

1. General

CDC uses a variety of security measures to restrict access to agency facilities including:

- Mandatory wearing of CDC-issued identification badges
- Guard force questioning unbadged or suspicious individuals, patrolling CDC grounds and facilities, and responding to emergencies
- Guard force assistance in registering and directing visitors and vendors
- A lock and key system (Grand Master, submaster, individual keys) for securing doors
- Individual card keys (and Personal Identification Numbers, PIN) for access to buildings and areas within the buildings
- Use of x-ray equipment and metal detectors at selected facilities
- Parking restricted to employees and cleared visitors in some locations.

Employees should notify the local facility security staff, their supervisor, or their administrative officer of unbadged, suspicious, or unauthorized individuals on CDC property (leased or owned). See Attachment for telephone numbers of facility security staff.

Law enforcement assistance is available through local police departments and/or through the Federal Protective Service (FPS). The FPS includes a General Services Administration (GSA) police force with Federal arrest authority. Additionally, FPS personnel may be posted on site if the situation dictates.

2. Specific for Family and Intimate Partner Violence

Family and intimate partner violence is the threatened or actual use of physical force against a family member or intimate partner that either results in or has the potential to result in death, injury or harm. Family and intimate partner violence includes both physical and sexual violence, both of which are often accompanied by psychological/emotional abuse. It may also include psychological/emotional abuse that occurs in the absence of physical or sexual violence when there has previously been threatened or actual physical or sexual violence in the relationship. Some of the common terms that are used to describe family and intimate partner violence include domestic abuse, domestic violence, spousal abuse, battering, child abuse, elder abuse, date rape, and partner rape.

Because family and intimate partner violence can extend into the workplace, there are a number of measures an employee can take to ensure his/her own protection as well as that of fellow employees. Each of the following is optional based on the employee's assessment of his/her own situation.

Obtain a restraining order. Consider including the workplace in any restraining order obtained.

A copy of any restraining order covering the workplace and a recent photograph of the individual to whom the order applies should be given to facility security. Facility security will then be authorized to prevent an individual from entering CDC owned or leased property in violation of the restraining order. Local law enforcement may be contacted if necessary to respond and take necessary or appropriate action.

Provide facility security with a recent photograph of the individual.

With or without a restraining order, it is helpful for facility security to have a recent photograph of the individual. A recent photograph provides positive identification in order to prevent the unauthorized entry of the individual to the worksite. In the event the individual appears, facility security can notify the affected employee as well as local law enforcement if appropriate.

Notify facility security of individuals who violate a restraining order.

Rather than confront individuals who violate a restraining order by coming onto a worksite, employees should notify facility security. See Attachment for telephone numbers of facility security staff.

Request facility security to provide an escort to an employee's personal vehicle.

Most CDC facilities have a guard force available during official business hours that can escort employees to their vehicles. The Chamblee, Clifton Road, and Lawrenceville facilities in Atlanta have 24-hour guard force escorts available. Requests for escorts can be made through the local guard force.

C. Training

The CDC work force has different training needs depending on the nature of the work performed.

1. Employees Who Work with the Public

Employees who work with the public are at higher risk for workplace violence. CDC has an obligation to train these employees. This training will include, but not be limited to, hazard awareness, employee action to minimize risk, and how to respond when an incident occurs.

2. Supervisors and Managers

Supervisors and managers must know the CDC policy on violence prevention and understand their roles and responsibilities. Violence prevention is covered in a number of CDC-spon-

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sored training courses including Supervisory Survival Skills and the Employee Relations Workshop. While the Supervisory Survival Skills course and the Employee Relations Workshop are required for new supervisors and managers, experienced supervisors and managers are encouraged to attend. The Training and Career Development Opportunities Catalog contains descriptions of the courses available.

3. All Other Employees

All employees should know the CDC policy on violence prevention and understand their roles and responsibilities. All new employees will be provided a copy of the policy during new employee orientation. An overview of the policy will be made available to employees to attend at their option. Additionally, all employees are encouraged to attend courses in conflict resolution, cultural diversity, and communications.

D. Counseling

If an employee is dealing with a potentially violent personal situation, the employee should contact the Employee Assistance Program (EAP) for support and referrals after ensuring his/her own personal safety. Supervisors are encouraged to use the EAP for guidance in managing or referring an employee who may be involved in a family and intimate partner violence situation. See Attachment for telephone numbers of the EAP.

Professional counseling services are provided to employees who are experiencing personal problems through the EAP. Employees are encouraged to seek help from the EAP before these personal problems affect their employment. The EAP offers assessment and referral services and problem solving counseling for all employees who are experiencing: problems with alcohol and other drug use; emotional/psychological problems; eating disorders; stress or life crisis; family or marriage problems; grief/loss of a loved one; financial or legal problems; and job-related stress.

Each employee in the agency has access to an EAP counselor who can help assess their needs and make appropriate referrals when necessary to counseling resources in the local community. There is no cost to the employee for the services of the EAP. However, fees charged by outside resources must be paid by the employee and/or by the employee's health insurance. Contacts with the EAP counselors are held in strict confidence and EAP contacts do not become part of an individual's personnel file.

In the event an employee is seeking the assistance of an EAP counselor and the supervisor seeks EAP help as well, a different counselor will be provided for the supervisor.

E. Alternative Dispute Resolution (ADR) Office

The ADR Office is available to individuals, managers, and workgroups who are seeking consultation on resolving workplace conflicts or who would like to foster teamwork skills in order to maximize organizational effectiveness. In addition, the ADR Office provides conflict resolution training to individuals and to managers. These classes focus on: increasing awareness of alternative dispute resolution methods; understanding the importance of taking personal responsi-

bility for resolving conflict; and improving conflict resolution skills.

Mediation is one ADR technique that provides the opportunity for quick, cost-effective, efficient resolution of workplace conflict by using a neutral third party who is a skilled professional mediator. Mediation services are available to CDC staff by contacting the ADR Office.

F. Crisis Management Team (CMT)

The purpose of the CMT is to develop and refine policies to prevent workplace violence. The CMT meets on an ongoing basis and is composed of representatives from the Alternative Dispute Resolution Office, Employee assistance Program, Employee Relations (HRMO), Office of General Consul, Office of Health and Safety, Office of Program Support, Physical Security Activity, and the Union. Additional expertise is solicited as needed.

IV. IMPLEMENTATION: PROCEDURES FOR REPORTING AND ASSESSING VIOLENCE AND THREATENING BEHAVIOR IN THE WORKPLACE

If danger is imminent, contact the police immediately

A. Purpose

This procedure outlines an orderly process for handling violence and threatening behavior in the workplace. Threatening behavior includes any behavior which by its very nature could be interpreted by a reasonable person as an intent to cause physical harm to another individual. Threatening behavior may or may not include the actual act of physical force, with or without a weapon, toward another individual. Any behavior or comment that creates a threatening work environment is a violation of CDC's Preventing Violence and Threatening Behavior in the Federal Workplace policy.

Ignoring any individual who exhibits threatening behavior in the workplace is an unacceptable response. Ignoring such behavior reinforces the behavior and sends a message to the employee that such behavior is acceptable. Addressing problems early is the best way to prevent threatening situations and create a safe work environment for all employees.

B. Roles and Responsibilities

1. Employees

Each member of the work force:

- a. Is accountable for his/her own behavior.
- b. Is expected to interact responsibly with fellow employees and supervisors.
- c. Should encourage any co-worker he/she believes may be in danger because of a family and intimate partner violence situation to contact the EAP and/or the facility security.
- d. Should report any threatening situation, unauthorized individuals in the workplace, or threats from any individual to his/her supervisor, other appropriate management officials, or facility security.

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2. Immediate (First-line) Supervisor

- a. The immediate supervisor of the threatening employee is to:
 - (1) Arrange for the safety of subordinates and for the care of those affected, and maintain the continuity of the agency's mission.
 - (2) Communicate information regarding the incident or behavior to his/her immediate supervisor and upper management.
 - (3) Seek specific guidance from Employee Relations staff in the Human Resources Management Office (HRMO), facility security, and the EAP.
 - (4) Take appropriate action based on all information available.
- b. The immediate supervisor of an employee threatened by a possible workplace or family and intimate partner violence situation should:
 - (1) Consult with facility security.
 - (2) Seek guidance from the EAP and/or refer the employee to the EAP.
 - (3) Maintain open communication with the employee.

3. Second-line Supervisor and Upper Management

- a. During a threatening situation, the most important role of management above the first-line supervisor is to provide support to the supervisor dealing directly with the threatening employee. Support may include, but is not limited to, meeting with the first-line supervisor while statements are obtained from witnesses and the threatening employee, and arranging for and/or participating in counseling and/or formal disciplinary meetings with employees.
- b. At all times, management has the responsibility to identify and address underlying workplace situations that may give rise to undue stress and/or violence.

4. Employee Relations Specialists, HRMO

The Employee Relations Specialist consults and advises management throughout the process. Additional responsibilities include: assessing and analyzing evidence, advising management on appropriate action, preparing disciplinary/adverse action letters, ensuring that evidence exists to support action taken, and informing the personnel generalist of pending action. The Employee Relations Specialist also is responsible for collecting data on all incidents.

5. Employee Assistance Program Counselors

The EAP counselors are available to assess the threatening situation, make appropriate referrals when necessary, provide support and consultation to employees and supervisors, and participate in debriefing sessions regarding an incident.

C. Immediate Action When Incident Occurs or Danger Imminent

1. Any employee observing violent or threatening behavior is expected to first secure his/her own safety and then in:
 - a. Emergency Situation
 - (1) Call 911 or the local emergency number if the situation requires the immediate assistance of medical personnel and/or law enforcement. Be prepared to provide a description of the violent or threatening individual and the location where the incident is occurring.
 - (2) Call facility security to alert them to the nature and location of the incident and that 911 or local emergency services have been called.
 - (3) Notify his/her supervisor. If the threatening employee is his/her supervisor, the

employee should notify someone else in the supervisory chain. Reporting of incidents will not be the basis for adverse action.

b. Non-emergency Situation

(1) Notify his/her supervisor. If the threatening employee is his/her supervisor, the employee should notify someone else in the supervisory chain. Reporting of incidents will not be the basis for adverse action.

(2) Contact facility security.

2. The supervisor who receives the notification of the incident or imminent danger should:

a. Assure facility security and/or the police have been notified.

b. Notify his/her chain of command.

c. Consult with the Employee Assistance Program.

d. Notify the supervisor of the threatening employee if the individual is a CDC or contract employee.

3. The supervisor of the threatening employee will:

a. Notify his/her chain of command.

b. Consult with the Employee Assistance Program.

c. Consult with the Employee Relations Specialist, HRMO.

d. Take appropriate action with the threatening employee.

D. Post-Incident Procedures

EAP counselors will be available to provide post-trauma/critical incident stress debriefings for employees affected by the incident.

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<u>Location</u>	<u>Employee Assistance Program (EAP)</u>	<u>Facility Security or Administration</u>	<u>Local Emergency</u>
Atlanta Area	404-639-2830 770-488-7825	404-639-3175	911
Anchorage	800-222-0364	907-562-4227	911
Cincinnati	800-222-0364	513-841-4254 (Ham.) 513-533-8406 (Taft)	911 911
Fort Collins	800-222-0364	303-221-6426	911
Hyattsville	301-443-HELP	301-436-8842	911
Morgantown	304-293-5400	304-285-5825	911
Pittsburgh	412-344-4327 412-224-4025 800-825-5327	412-892-6816	11*
Research Triangle Park	800-336-3853	919-541-4440	911
San Juan	800-222-0364	911	911
Spokane	800-523-5668	509-354-8000	911
Other Field Locations	800-222-0364	---	911 or local emer. #

Physical Security Activity, Atlanta 404-639-3175
 Employee Relations, Workforce Relations Branch, HRMO 770-488-1765
 Crisis Management Team Contact Atlanta EAP or Employee Relations
 Alternative Dispute Resolution (ADR) 404-639-1260
 National Domestic Violence 1-800-799-SAFE (7233)
 Toll-free Hotline 1-800-787-3224 (hearing impaired)

*Pittsburgh does NOT have 911. It has an emergency response network on-site. Eleven (11) is the correct number to dial.

1 Threatening behavior includes any behavior which by its very nature could be interpreted by a reasonable person as an intent to cause physical harm to another individual.

2 References to CDC also apply to ATSDR.

3 Violence in the Workplace: Risk Factors and Prevention Strategies; National Institute for Occupational Safety and Health; June 1996; p. ix.

4 18 U.S.C. Section 930. Furthermore, 41 C.F.R. 102-20.301 states "Packages, briefcases, and other containers in the immediate possession of visitors, employees, or other persons arriving on, working at, visiting, or departing from Federal property, are subject to inspection. A full search of a person and any vehicle driver or occupied by the person may accompany an arrest."

CDC/ATSDR INCIDENT REPORT

SECTION I.

*To be completed in triplicate by supervisor and white copy delivered by employee, if possible, to the Occupational Health Clinic (OHC).
Note (Supervisors): This form shall also be completed for employees receiving outside medical treatment for occupationally-related injuries or illnesses
and white copy forwarded to the OHC for reporting and recordkeeping in accordance with OSHA regulations.*

1. Date of Incident: ____/____/____

2. Time of Incident: _____

3. Employee User ID (e.g. xxx#): _____

4. Is employee a supervisor? ☐ Yes ☐ No

5. Date employed (Effective date of employment - MM/YY): _____

6. Name (Last, first, middle initial): _____

7. Home address: Telephone #

(Home)

City: _____ **State:** _____ **Zip:** _____ (Work)

8. Social security number: ____-____-____

9. Date of birth: ____/____/____

10. Sex (Check one): ☐ Male ☐ Female

11. Occupation (Enter the regular job title, not specific activity he/she was performing at the time of the injury.): _____
regularly employed even though he/she may have been temporally working in another department at the time of the injury.): _____

12. Center/Institute/Office (Enter the C/I/O/ in which the person is performing at the time of the injury.): _____

13. Location of the incident (Place where incident or exposure occurred, e.g. bldg. #, parking lot, loading dock. etc.): _____

14. Was place of incident or exposure on CDC/ATSDR's premises? Yes ☐ No ☐

15. Vehicle involved? ☐ Yes ☐ No

16. Witnesses, if any (Name(s) in full): _____

17. How did the incident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led to or contributed to the accident. Use separate sheet for additional space.)

18. Disposition (Check one): Note: Complete this item only for employees that did not receive treatment at the OHC.

☐ Hospital ☐ Private ☐ Physician ☐ Home ☐ Other (Specify) _____

19. Supervisors's name (Please print): _____

20. Signature of supervisor and date: _____

SECTION II.

This section must be completed by the supervisor upon return of the employee to normal duties and the blue copy forwarded to the OHC to document lost time and/or restricted activity.

21. ☐ Check box if employee returned to work and no lost time and/or restricted activity was incurred.

22. Lost time (Enter date employee stopped work. Note: Do not include the day the incident occurred): ____/____/____

23. Restricted time (Enter date employee was placed on restricted work activity, e.g., 2 hrs. on, 2 hrs. off, half day(s), limited duties): ____/____/____

24. Date returned to work (Enter date employee returned to normal duties): ____/____/____

The information requested on this form, including your Social Security Number, is collected under the authority of Executive Orders 1207, 12196, and 12564 and 5 U.S. Chapters 11,31,33,43,61, and 83. This information is used by Office of Health and Safety and Occupational Health Clinic medical personnel to document circumstances of the incident or exposure which occurred. The Social Security number is being collected for identity verification purposes. Furnishing the requested information, including your Social Security number, is voluntary; however, failure to provide the requested information may make it more difficult to provide you with optimal care. Individually identified data will be available to authorized CDC and ATSDR personnel and may be shared with the Occupational Safety and Health Administration and the U.S. Department of Labor. An accounting of such disclosures will be made available to you upon request.

Occupational Health Clinic (OHC)

CDC and ATSDR Clinic Services

The Atlanta based CDC and ATSDR Clinic provides preventive health services such as first aid, administration of job related vaccinations, employee counseling, lifestyle programs, etc., to employees. It's recognized that such employer-sponsored preventive health programs help to promote and accomplish the mission of the agency by reducing the use of sick leave, fostering the continuity of work projects, increasing employee productivity, etc. Accordingly, CDC and ATSDR has elected to extend the coverage of occupational-related clinic services for CDC-unique hazards and emergency first aid to non-Federal employees, including on-site contractors at CDC and ATSDR facilities in Atlanta. For eligibility determinations, contact Tammy Gorny at (404) 639-3237.

The other clinic services to be offered to non-Federal employees at CDC and ATSDR cannot incur any additional costs and will be on a space/resource availability basis. Space available services mean that appointments for the clinic and Employee Assistance Program will be limited to Federal employees while non-Federal personnel may be provided occupational related clinic services on a walk-in, stand-by basis. For lifestyle activities, CPR classes and similar programs, Federal employees will be provided first availability and non-Federal employees may be offered unfilled activity slots.

In order for on-site contractors to participate in activities which may coincide with their normal work schedules, they must obtain the approval of their contract supervisor beforehand. The contract employers must notify the CDC Project Officer and appropriately credit the contract for the contractors' time away from their function (if more than an incidental amount of time is involved). On-site contractors are those contractors who are physically assigned and located at one of the CDC/ATSDR Atlanta facilities.

MEDICAL EMERGENCIES

If a potentially life-threatening Medical Emergency occurs at the worksite, activate the Emergency Medical System by calling "9-911" IMMEDIATELY. Make arrangements to:

- (1) meet the Emergency Responders at the pre-arranged location
- (2) provide an escort and access to the location of the employee with the emergency.

OCCUPATIONAL HEALTH CLINIC

Mission

The primary mission of the Clinic is to monitor, prevent, and treat work-related injuries and illnesses. The Clinic also provides non-occupationally related care on a space-available basis. This includes adult immunizations, allergy shots, blood pressure checks, and initial assessment of non-occupational illness that occur during work hours.

Safety Survival Skills

Hours and Locations

There are two Clinic facilities. The main Occupational Health Clinic (OHC) is located at Clifton Road and the satellite clinic is at Chamblee.

<u>Site</u>	<u>Location</u>	<u>Building</u>	<u>Room</u>	<u>Coverage</u>	<u>Hours</u>	<u>Phone</u>
<u>Main</u>	Clifton Road	4	121	Full-time MD	M-F, 8am-4:30pm	(404) 639-3385
<u>Satellite</u>	Chamblee	102	1106	Full-time RN	M-F, 8am-4:30pm	(770) 488-7824

OCCUPATIONAL MEDICAL SERVICES

The majority of Clinic patient visits are for immunizations, work-related exams, blood tests, and on-the-job injuries. The employee groups seen most often are laboratorians, international travelers, Engineering Services employees, and animal care workers. To keep waiting times as short as possible, the Clinic operates on an appointment basis for non-emergency needs. Call the

Clinic in advance to avoid delays for yourself and others.

After-hours Exposure Incidents:

(1) HIV and other Retrovirus Exposures

If you experience an incident at work where there is a known or suspected exposure to HIV or other primate retroviruses, you should administer first aid immediately at your work site. The recommended first aid for a skin or wound exposure is:

- Wash or rinse the area immediately.
- Do not delay in doing so by making a phone call or cleaning up a spill.
- If the exposure involves an injury, wash the injured body part with soap and water, and flush with water. If available, you may also soak the wound in an iodine solution (do not use iodine for wounds of the eye, nose, or mouth).
- Contaminated mucous membranes should be irrigated thoroughly with sterile normal saline (if available) or at least water.
- Report the exposure to your supervisor. Because many people become upset and unable to think and act clearly after such an injury, it is recommended that you ask your supervisor or a co-worker to assist you in obtaining medical care.

In the event that an exposure occurs during non-clinic hours, you should contact **Dr. Phyllis Kozarsky**, infectious disease and tropical medicine specialist:

1. Call the Emory/Crawford Long Hospital at **404-321-0111**.
2. Identify yourself as a CDC employee and ask them to page Dr. Kozarsky.
3. If you do not reach Dr. Kozarsky within 30 minutes, you should seek care for poten-

tial retrovirus exposure at the nearest hospital emergency room.

Any decision to treat the exposure with prophylactic antiviral medication will be made on a case-by-case basis. To have the greatest chance of success, however, such medication should be started as soon as possible after the exposure--within the first hour if possible. Therefore, the exposed person should not delay in seeking medical care.

Finally, you should report the incident to the Occupational Health Clinic when the clinic is next open. We will review the events and your treatment thus far. If the HIV status of the source specimen is unknown, you should try to preserve it and bring it to the clinic for testing.

(2) Other Biological Exposures

If you experience an incident at work where there is a known or suspected exposure to a biological agent, you should administer first aid immediately at your work site if appropriate. The recommended first aid for a skin or wound exposure is:

- Wash or rinse the area immediately.
 - Do not delay in doing so by making a phone call or cleaning up a spill.
 - If the exposure involves an injury, wash the injured body part with soap and water, and flush with water. If available, you may also soak the wound in an iodine solution (do not use iodine for wounds of the eye, nose, or mouth).
 - Contaminated mucous membranes should be irrigated thoroughly with sterile normal saline (if available) or at least water.
- Report the exposure to your supervisor. Because many people become upset and unable to think and act clearly after a biological exposure, it is recommended that you at least discuss what happened with your supervisor. Depending on the seriousness of the exposure, it may also be appropriate to ask your supervisor or a co-worker to assist you in the process of obtaining medical care.

In the event that an exposure occurs during non-clinic hours, you should contact **Dr. Phyllis Kozarsky**, infectious disease and tropical medicine specialist:

1. Call the Emory/Crawford Long Hospital at **404-321-0111**.
2. Identify yourself as a CDC employee and ask them to page Dr. Kozarsky.
3. If you do not reach Dr. Kozarsky within 30 minutes, you should seek care for potential retrovirus exposure at the nearest hospital emergency room.

Any decision to treat the exposure with prophylactic medication will be made on a case-by-case basis.

Work-Related Injuries

Treatment of work-related traumatic injuries should be obtained as soon as possible after the

Safety Survival Skills

injury. Although there will be instances when care is needed urgently, supervisors should fill out a CDC/ATSDR Incident Report (Form CDC 0.304) for the employee to carry with them to the Clinic.

The supervisor should also assure the completion of the following forms:

1. Department of Labor, Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1) and,
2. "Request for Examination and /or Treatment", Form CA-16, If there is the possibility or need for outside medical care for which bills would be incurred,

If possible someone in the worksite should call the Clinic to alert the staff that an injured employee will be seeking treatment.

Occupational Immunizations

Immunizations are available by calling the Clinic to make an appointment and bringing a completed "Immunization Authorization" (Form CDC 0.697) to the Clinic at the time of your appointment. The Form CDC 0.697 is completed by the Immunization Coordinator, who is usually your Administrative Officer. The CDC/ATSDR offers all employees the opportunity to receive immunizations to protect them against specific microorganisms encountered in their workplace and elsewhere.

The Occupational Immunizations Program provides immunizations to those individuals requiring them because of potential occupational exposure to these infectious agents or these products. The program provides these immunizations to laboratory workers, engineering personnel, field

investigators, and other individuals who may be at potential risk of exposure to these agents.

The

program also provides a number of immunizations to employees as part of the CDC/ATSDR Adult

Immunization Activity. These include vaccines for Hepatitis B, Influenza, Measles/Mumps/Rubella,

Pneumococcal Disease, and Tetanus/Diphtheria.

Medical Surveillance Programs

The Occupational Health Clinic also conducts the following medical surveillance programs for a

variety of occupational hazards and positions:

- Hearing conservation
- Respirator use
- Asbestos exposure
- Selected chemical surveillance based on personal monitoring results (e.g. ethylene oxide)
- Retrovirus exposure
- Tuberculosis screening
- Animal care

Non-Occupational Illness Visits

The Occupational Health Clinic performs a variety of non-injury, non-occupational preventive medical services for the CDC/ATSDR community at large, such as blood pressure checks and the following routine adult immunizations:

- Hepatitis B
- Influenza
- Measles/Mumps/Rubella
- Pneumococcal Disease
- Tetanus/Diphtheria

As a convenience to employees who receive allergy shots, the Clinic administers these injections according to the written instructions of the employee's allergist.

Employees are seen for non-work related illnesses and injuries on a space-available basis. Work-related services are given first priority. Anyone who has a significant, non-work related problem should call his/her private physician directly for non-urgent advice and treatment.

Pre-Travel Visits for International Travel

International travel visits for immunizations, malaria prophylaxis, and other medical counseling are available for employees and their dependents provided they are on official travel orders. Individuals needing such services should call the Occupational Health Clinic [(404) 639-3385] to

Employee Assistance Program 404-639-2830 (Atlanta)

Services

The counseling services of a Certified Employee Assistance Professional (CEAP) are available free of charge to employees and their family members who are experiencing personal problems.

Services include:

- Assessment
- Short-term problem-solving
- Referral to professional resources in the community when appropriate
- Consultations dealing with the performance and/or conduct of employees
- On-site contractor employees may be seen on an emergency basis

Range of problems dealt with:

- Alcohol and other drug abuse
- Eating disorders and other compulsive behaviors
- Psychological / Emotional
- Marital
- Family
- Eldercare / Childcare
- Job conflict
- Grief
- Financial
- Legal
- Stress-related issues

Making an Appointment

When employees experience personal difficulty and want to use the EAP, they are encouraged

<u>Area Served</u>	<u>Contact Office At</u>	<u>Phone</u>
Atlanta	Chamblee	770.488-7825
Atlanta	Clifton Road	404.639-2830
Cincinnati	Fed. Occ. Health	1.800.222-0364
Hyattsville	Div. of Fed. Occ. and Beneficiary Health Services	301.443-HELP
Morgantown	Employee Ass. Plus	304.293-5400
Pittsburgh	Family Serv. of Western Pennsylvania	412.344-4327 or 1.800.825-5327
Research Triangle Park	Duke U. Occ. Health	1.800.336-DUKE
Spokane	Maschhoff, Barr & Ass.	1.800.523-5668

Safety Survival Skills

Employees located in areas not covered above are provided EAP services through a contract with Federal Occupational Health (FOH). Call 1.800.222-0364.

Field employee or supervisors with questions or problems reaching any of the EAP offices can contact the EAP in Atlanta or Tammy Gorny, Office of Health and Safety Project Officer at 404.639-2453.

Supervisor Referrals

Ideally, employees utilize the EAP services before their personal problems impact the job. This is not always the case, however, and there may be occasions when it is appropriate for a supervisor to refer an employee to the EAP. If a supervisor refers an employee, the supervisor will be notified only of the employee's compliance with the referral.

Emergencies

EAP counselors may be reached by a digital beeper at (404) 570-7327. This emergency number is also provided on the phone recording for both EAP telephone numbers.

Counseling is considered Official Duty

According to HHS Instruction 792-2, employees are on official duty when they meet with the EAP. An employee may also use annual leave for an EAP appointment or arrange the appointment during lunch or after duty hours.

Permission/Confidentiality

While employees must inform their supervisor and obtain permission to be away from their job assignment for an appointment, they do not have to disclose the nature of the problem for which they wish to see the counselor. Use of EAP is strictly confidential and no information regarding the nature of the employee's problem will be disclosed without the employee's written consent.

Exceptions to this policy are allowed only in cases of danger to others or medical emergency, or when mandated by Federal regulations or law.

It is difficult enough for a troubled employee to ask for help without having to worry about any stigma that might be associated with seeking assistance. For this reason, EAP offices are located within the Occupational Health Clinics to provide anonymity of access through the clinic's waiting area. EAP visits are not recorded in the employee's clinic medical record.

Impact

The EAP will not impact an employee's job security, pay, or promotability.

Always Voluntary

Automated Immunization and Medical Surveillance (AIMS)

The primary purpose of AIMS is to track and aid in the administration of immunizations and medical surveillance programs that involve CDC personnel. This includes automated "shot records" for CDC personnel to view their immunization history and receive a printout of their own immunizations. AIMS also allows supervisors, appropriate administrative personnel, and even the system itself to request immunizations or medical surveillance programs for personnel through an automated Form 697, which triggers E-mail responses for scheduling of appointments and automatic notification. In addition, AIMS provides an online reference guide for immunizations and medical surveillance programs for all CDC personnel. A policy guide is also available so that new employees, as well as current CDC personnel going to a new position, can determine the requirements for a position in a different CIO before accepting the position.

AIMS provides an excellent decision support tool for supervisors and administrative personnel in every CIO that has immunization or medical surveillance requirements, and will be a great source of information to all CDC personnel in general.

Contact your LAN administrator to install AIMS if you do not currently have access to this system.

Contact the AIMS Administrator for any questions, concerns or problems involving the AIMS

Office of Health and Safety

Area code is (404) unless otherwise noted

Locations:

Building 1, Room 1042, M/S F05, Clifton Rd. 639-2453
Building 1 East, Room B52, M/S A17, Clifton Rd. 639-3142
Building 25, Room 1015, Chamblee (770) 488-4636

Director's Office

Jonathan Y. Richmond, Ph.D. - Director 639-2453
Robert Hill, Ph.D. - Deputy Director 639-2453

Resource Management Activity

Tammy Gorny - Program Manager 639-3237
Monica Gould - Administrative Officer 639-2173
Audrey Anderson - Program Operations Assistant 639-2453
Vacant - Program Analyst 639-3143
Art Tallman - Senior Computer Specialist 639-4687
Maria Gosa - Health Communication Specialist 639-3658

Facility Support Activity

William Howard - Facilities Support Manager 639-2174
Rudy Stotz - Facilities Engineer 639-2409
Joe Felton - Facilities Support Assistant 639-2453
Dwayne Lasky - Safety & Occ. Health Specialist 639-4509

Training Activity

Richard Green - Training Manager 639-2145
Pat Galloway - Training Assistant 639-2146

External Activities

Shanna Nesby - Medical Officer 639-4477
Mark Hemphill - Safety & Occupational Health Specialist 639-4419
Nashandra Hayes - Program Operations Assistant 639-4475
Dave Bessler - Inspector 639-0267
Andy Hopkins - Inspector 639-1434
James Love - Inspector 639-4426
Keanne Chisolm - Permits 639-4474
Marie Hopson - Travel assistant 639-1265
FAX 639-2294

Environmental, Health & Safety Branch

Yona Hackl - Chief 639-3147
Phyllis Mangum - Program Operations Assistant 639-3142

Industrial Hygiene Section

Jean Gaunce, CSP, CIH - Chief 639-4614
Mark Wilson - Industrial Hygienist 639-3116
Janice Ashby - Industrial Hygienist 639-3148
Cheryl Melton - Industrial Hygienist 639-1437
Georgina Perez - Industrial Hygienist 639-3117

Environmental Protection Section

David Ausdemore, PE - Environmental Program Manager 639-1464
Brian Cook - Environmental Protection Specialist 639-3417
Jim Bellah - Occupational Safety and Health Engineer 639-4103
Barbara Blanke - Environmental Protection Specialist 639-3041
Willie Potter - Environmental Protection Technician 639-3317

Safety Survival Skills

Sunil Patel - Environmental Protection Specialist 639-1451

Jennifer Schuppe - Environmental Engineer 639-3081

Physical Safety Activity

Frances Hardy-Bennett, CSP - Program Manager 639-3146

Robert Williams - Safety & Occ. Health Specialist 639-1465

FAX 639-0883

Laboratory Safety Branch

Rob Weyant, Ph.D. - Chief 639-3238

Lashoun Payne, Administrative Assistant 639-2754

Paul Vinson - Safety & Occupational Health Manager (Chamblee) (770) 488-4640

Operations Section

Joanne Jones, Chief - Safety & Occupational Health Manager 639-2753

Richard Henkel - Safety & Occupational Health Specialist 639-0760

Mike Weathers - Safety & Occupational Health Specialist 639-2755

Janice Knight - Safety & Occupational Health Specialist 639-3141

Dana Jones - Safety & Occupational Health Specialist 639-4295

Vacant - Safety & Occupational Health Specialist 639-1416

Radiation Protection Section

Paul Simpson - Chief, Radiation Safety Officer (RSO) 39-3145

Narvaez Stinson - Deputy RSO 639-3416

Thomasina Greene - Radiation Safety Technician 639-3144

Nora Lirette - Radiation Safety Technician 639-4686

Fax 639-2294

Biosafety Information (Fax back System) 639-3883

Occ. Health & Prevention Services

Project Officer: Tammy Gorny 639-3237

Philip Drope - AIMS Administrator 639-4509

Occupational Health Clinic (Clifton Road)

Casey Chosewood, M.D. - Medical Director 639-3385

John Simms, III - Physician Assistant 639-3385

Lee-Ann Jean-Louis, RN - Occupational Health Nurse 639-3385

Marie Maurice, RN - Occupational Health Nurse 639-3385

Mollie McDonald-Waldron, RN - Occupational Health Nurse 639-3385

Letitia Beecham - Medical Receptionist/Secretary 639-3385

Sylvia Lewis - Office Manager 639-3385

Occupational Health Clinic (Chamblee)

Olivia Huggins, RN - Occupational Health Nurse (770) 488-7824

Alicia Middlebrooks - Secretary/Data Manager (770) 488-7824

Employee Assistance Program (Clifton Road)

Judy Ryland, RN, CEAP - Counselor 639-2830

Mary Beth Ringer - Counselor 639-2830

Employee Assistance Program (Chamblee)

Gordon Hughes, Ph.D. - Counselor (770) 488-7825

Lifestyle Program

Ed Jones - Director 639-2164

Terri Thompson - Safety and Special Projects Program Coordinator 639-2164

Cheryl Orlansky - Nutrition Program Coordinator 639-2164

Shana Harmon - Fitness Program Coordinator 639-2164

Jacquelin Grier - Receptionist/Secretary 639-2164

OHS Resource Guide

Area code is (404) unless otherwise noted

General Services

Administrative: Monica Gould 639-2173

AIMS Administrator 639-4509

Annual Report: Tammy Gorny 639-3237

Committee Liaisons:

Health and Safety Advisory Board: Jonathan Richmond 639-2453

Occupational Health and Safety Committee: Robert Hill 639-2453

Radiation Safety Committee: Paul Simpson, Narvaez Stinson 639-3145

Environmental Quality Council: Dave Ausdemore 639-1464

Worksite Health Promotion Committee: Tammy Gorny 639-3237

Contracts: Tammy Gorny 639-3237

Corridor Policy: Joanne Jones, Joe Felton 639-2753

Budget: Tammy Gorny, Monica Gould, Robert Hill 639-3237

Ergonomics: Jean Gaunce, Janice ashby, Cheryl Melton 639-4614

Laboratory Safety

Biological: Rob Weyant, Joanne Jones, Richard Green 639-3238

Chemical: Robert Hill, Dave Ausdemore, Jean Gaunce 639-3147

Radiological: Paul Simpson, Narvaez Stinson 639-3145

Physical: Frances Hardy-Bennett 639-3146

Laboratory Surveys: Joanne Jones 639-2754

OhASIS Website - Matt Sones, Art Tallman 639-3658

OSHA Regulations: Frances Hardy-Bennett, Jean Gaunce 639-3146

Asbestos: Mark Wilson, Jean Gaunce 639-4614

Bloodborne Pathogens: Patricia Galloway, Richard Green 639-2146

Construction Hazards: Frances Hardy-Bennett 639-3146

Electrical Hazards: Frances Hardy-Bennett 639-3146

Hazard Communication: Cheryl Melton, Jean Gaunce, Mark Wilson 639-4614

Laboratory Standard: Robert Hill, Jean Gaunce, Joanne Jones, Paul Vinson
639-3147

Physical Safety: Frances Hardy-Bennett 639-3146

Fire Safety: Robert Williams 639-1465

Program Operations Assistants

Audrey Anderson (Office of the Director) 639-2453

Phyllis Mangum (Environmental Health and Safety Branch) 639-3142

Environmental

Air & Title V Permits: Jim Bellah 639-4103

Chemical Redistribution: Willie Potter 639-3317

Chemical Spill Control Centers: Barbara Blanke 639-3041

Chemical Tracking: Willie Potter, Sunil Patel 639-3317

DOT Hazardous Material Transportation: Willie Potter 639-3317

Environmental Assessment: David Ausdemore, Brian Cook 639-1464

Environmental Awareness Committee: Brian Cook 639-3417

Environmental Audits: Brian Cook 639-3417

Environmental Compliance: David Ausdemore, Brian Cook 639-1464

Environmental Impact Statements: David Ausdemore, Brian Cook 639-1464

Environmental Management System: David Ausdemore, Brian Cook 639-1464

Safety Survival Skills

Environmental Quality Council: David Ausdemore 639-1464
Environmental Permits - General: Jim Bellah 639-4103
EPCRA (Right-to-Know): Sunil Patel 639-1451
Executive Order 13148: David Ausdemore 639-1464
Hazardous Chemical Waste Disposal: Barbara Blanke 639-3041
Hazardous Chemical Waste Training: Barbara Blanke 639-3041
Hazardous Spill Response & Disposal Guide: Brian Cook 639-3417
Hospital Medical Infectious Waste Incineration: Jim Bellah 639-4103
Integrated Contingency Plans/Emergency Response: Sam Holdt 639-3081
Integrated Pest Management: Jim Bellah 639-4103
Lab Decommissioning/Recommissioning (chemical): Willie Potter 639-3317
Material Safety Data Sheets: Willie Potter, Brian Cook (770)639-3125
NPDES Permits: Jim Bellah 639-4103
Ozone Depleting Substances/CFCs/Refrigerants: Sunil Patel 639-1451
Pollution Prevention: Jennifer Schupp 639-3081
Recycling: Jennifer Schupp 639-3081
SARA Title II: Sunil Patel 639-1451
Site Characterization and Remediation: Dave Ausdemore, Jennifer Schupp 639-1464
Spill Prevention Control & Countermeasure Plans (SPCC): Jim Bellah 639-4103
Spills: Barbara Blanke 639-3041
Underground/Aboveground Storage Tanks: Jim Bellah 639-4103
Waste Disposal: Barbara Blanke 639-3041

Industrial Hygiene

Air Sampling: Cheryl Melton, Janice Ashby, Jean Gaunce, Mark Wilson 639-4614
Asbestos Inspections, Clean-Up & Removal: Mark Wilson, Jean Gaunce 639-3116
Carpal Tunnel Syndrome: Cheryl Melton, Janice Ashby, Jean Gaunce 639-4614
Ergonomics: Jean Gaunce, Cheryl Melton, Janice Ashby 639-4614
Hazards: Cheryl Melton, Jean Gaunce, Janice Ashby, Mark Wilson 639-4614
Hazard Communication Standard: Cheryl Melton, Jean Gaunce, Mark Wilson 639-4614
Indoor Air Quality: Cheryl Melton, Jean Gaunce, Mark Wilson 639-4614
Lighting: Cheryl Melton, Jean Gaunce 639-4614
Material Safety Data Sheets: Cheryl Melton, Jean Gaunce 639-3117
Noise Hazards: Cheryl Melton, Janice Ashby, Jean Gaunce, Mark Wilson 639-4614
Odors: Environmental Health and Safety Branch Staff 639-4614
Office Safety: Frances Hardy-Bennett, Jean Gaunce 639-3146
Personal Protective Equipment: Cheryl Melton, Janice Ashby, Jean Gaunce 639-4614
Repetitive Motion: Cheryl Melton, Janice Ashby, Jean Gaunce 639-4614
Respirators: Janice Ashby, Jean Gaunce 639-3148
Right to Know: Rebecca West, Cheryl Melton, Mark Wilson 639-3417
Signs (General Safety): Frances Hardy -Bennett, Cheryl Melton 639-3146
Ventilation: Mike Weathers, Bill Howard, Jean Gaunce, Mark Wilson 639-2755
Video Display Terminals: Cheryl Melton, Janice Ashby, Jean Gaunce 639-4614

Laboratory Safety

Animal Biosafety: Paul Vinson, Dana Jones 639-2752
Animal Care & Use Committee: Paul Vinson, Dana Jones 639-2752
Autoclaves:

Safety Survival Skills

Certification: Joanne Jones, Dana Jones 639-2753
Operation: Dana Jones, Joanne Jones 639-4295
Biohazard Signs & Labels: Joanne Jones, Janice Knight 639-2754
Biological/Biomedical Waste: Dana Jones, Paul Vinson 639-2754
Biological Etiologic Agents & Materials: Rob Weyant 639-3238
Biological Risk Assessment: Rob Weyant, Joanne Jones 639-3238
Biological Safety Cabinets : Mike Weathers, LOS staff 639-2755
Biological Spills: Rob Weyant, Joanne Jones, Paul Vinson 639-3238
Biosafety Consultations: Rob Weyant 639-3238
Biosafety Training: Paul Vinson, LOS staff 639-2752
Bloodborne Pathogens: Paul Vinson, Pat Galloway, Richard Green 639-2754
Building 15 Biological Safety Issues: LOS staff, Mike Weathers 639-2754
Chamblee Lab Safety Issues: Paul Vinson 639-2752
Chemical Safety: Jean Gaunce, Dave Ausdemore, Robert Hill, Paul Vinson 639-4614
Containment Labs (BSL-3&4): LOS staff, Mike Weathers 639-2754
Damaged Packages: Rob Weyant, Joanne Jones, LOS staff 639-3238
Decontamination: Dana Jones, Paul Vinson, Mike Weathers, Joanne Jones 639-2754
Emergency Response, Biologicals: Joanne Jones, LOS staff 639-2753
Exposure Effects (chemicals): Robert Hill, Jean Gaunce 639-4614
Fume Hoods: Mike Weathers, Jean Gaunce, Robert Hill 639-2755
Fume Hood Certification: Mike Weathers 639-2755
Infectious Agents and Materials: Rob Weyant 639-3238
Shipping Regulations: Rob Weyant 639-3238
Importation Permits: Mark Hemphill 639-0224
Laboratory Accidents and Injuries: Joanne Jones, LOS staff 639-2753
Laboratory Acquired Infections: Rob Weyant, LOS staff 639-3238
Laboratory Waste: Janice Knight, Joanne Jones 639-3238
Laser Safety: Frances Hardy-Bennett 639-3416
Lawrenceville Safety Issues: Paul Vinson 639-2752
Notice of Intent for Infectious Agents: Rob Weyant 639-3238
Radiation (Ionizing): Paul Simpson, Narvaez Stinson 639-3145
Radiation Badges/Meters: Thomasina Greene 639-3144
Radiation Safety Committee: Paul Simpson, Narvaez Stinson 639-3145
Radiation Laboratory Inspections/Audits: Narvaez Stinson, Paul Simpson 639-3416
Radiation Safety Training: Narvaez Stinson, Paul Simpson 639-3416

Occupational Health and Prevention Services

Contractor Operated: DYNACORP
Tammy Gorny, OHS Health Project Manager 639-3237
Worksite Health Promotion Committee: Tammy Gorny 639-3237
Clifton Road
AIMS Administrator 639-4509
Occupational Health Clinic: Casey Chosewood, M.D. 639-3385
Employee Assistance Program: Judy Ryland 639-2830
Crisis Management Team: Judy Rague, Patti Mouvery, Janice Hiland, 639-2830
Joseph R. Carter (OD-ATL), Leonard Schumanski, Paula Kocher,
Tammy Gorny
Lifestyle Program: Ed Jones 639-2164
Chamblee Clinic
Occupational Health Clinic: Olivia Huggins (770) 488-7824

Safety Survival Skills

Employee Assistance Program: Gordon Hughes (770) 488-7825

Physical Safety

Accident Reports: Frances Hardy-Bennett 639-3146
Confined Spaces: Frances Hardy-Bennett, Jean Gaunce 639-3146
Construction Safety: Frances Hardy-Bennett, Bill Howard 639-3146
Demolition: Frances Hardy-Bennett, Bill Howard 639-3146
Renovation: Bill Howard, Joe Felton 639-3116
Design Review: Bill Howard, Robert Hill 639-3116
Electrical Safety: Frances Hardy-Bennett 639-3146
Fire Safety: Robert Williams, Frances Hardy-Bennett 639-1465
Fork Lift Safety: Frances Hardy-Bennett 639-3146
Incident Reporting and Recordkeeping: Frances Hardy-Bennett 639-3146
Lockout/Tagout Program: Frances Hardy-Bennett 639-3146
Machine/Tool Safety: Frances Hardy-Bennett 639-3146
Security: Bud Zebehazy, Len Schmanski 639-3486
Slips, Trips & Falls: Frances Hardy-Bennett 639-3146

Training

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CDC VISITORS IN THE WORKPLACE POLICY

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I. INTRODUCTION

Federal Property Management Regulations govern the conduct of visitors in government owned/leased facilities. Security considerations mandate that all CDC facilities be closed to the general public and admission restricted to authorized persons who have business with CDC.¹

II. PURPOSE

The purpose of this policy is to provide information to CDC personnel on the policy and procedures to be followed for Visitors in the Work place at CDC.

III. POLICY

It is CDC policy that visitors to CDC must be authorized to enter the property and display appropriate identifying credentials at all times while on the property. This policy does not preclude occasional, brief visits by persons not conducting CDC-related business, e.g., personal friends, relatives, spouses, children, credit union members, etc. All visitors, except those going to the credit union or cafeteria or other unescorted visitor-only areas, must be accompanied by a CDC employee. Prearranged, pre-approved educational programs and tours of CDC facilities are allowed if children are escorted by parents, chaperones, or CDC employees. However, these events should be kept to a minimum due to security/safety considerations and the potential for workplace disruption.

Children under 16 years of age are not permitted into any laboratory, laboratory corridor, animal holding area, engineering shop, or construction area at any time, because of the potential for exposure to health or physical hazards. Exceptions must be cleared through the local safety officer, safety committee, or the Office of Health and Safety.

In addition, each laboratory supervisor is responsible for the safety of visitors to his or her laboratory or work area, including determining that immunization requirements have been met. CDC security policy requires that visitors be accompanied by an employee at

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all times while in our facilities. The term employee includes technical and non-technical personnel, guest researchers, and work-study students. Contractors, while not employees, shall adhere to this policy.

CDC is committed to promoting a culture that is supportive of the needs and career aspirations of staff with family responsibilities. Family responsibilities are not confined to the private sphere, but impinge on all aspects of an individual's life, including employment. As an equal opportunity employer, CDC has an interest in supporting its members to balance the various demands they face as staff and as people with family responsibilities. CDC is committed, therefore, to promoting equity for all staff and to ensuring that individuals are not disadvantaged in their career aspirations by family responsibilities. Other complementary guidelines and practices

currently encourage supervisors to be sympathetic to the needs of parents in granting appropriate leave to care for sick children and other family members (e.g., Family Friendly Leave).

Under CDC policy it is understood that despite the range of childcare options available to staff throughout the community, there may occasionally be emergency situations requiring staff to bring their children into the workplace. Employees, therefore, should utilize the following guidelines for unforeseen circumstances where alternative arrangements cannot be made. They have been developed to ensure responsiveness on the part of CDC to such situations, and to outline the responsibilities of employees who bring children or visitors into CDC facilities. Employees should understand the importance of this policy since the workplace is not designed for children, and CDC may be held liable if a child is hurt or injured. Employees having difficulty with child care arrangements are encouraged to contact the Family Program Manager in the Human Resources Management Office, and/or the Coordinator for the CDC Employee Assistance Program. Employees may wish to choose to use an outside resource such as Dependent Care Connection at Telephone No. 1-800-873-4636; their web address is <http://www.dcclifecare.com/>.

IV. DEFINITIONS

A. Employee

Includes all personnel, including guest researchers, and work-study students.

B. Children

Those under the age of 16.

C. Contractors

Personnel performing contractual services on-site.

V. POLICY IMPLEMENTATION

The following policy applies to all CDC facilities, including owned and leased buildings.

A. Children in Laboratory Areas, Laboratory Buildings

No children under the age of 16 will be allowed in laboratory buildings or animal facilities. This includes office areas, stairwells and corridors associated with the laboratories, as well as actual laboratories. In consultation with the Office of health and Safety and the Physical Security Office, each CIO Director may assess the risks of selected areas in their facilities and define those areas as accessible by visitors. This consolidates several guidelines that are currently in place concerning access to laboratories using hazardous agents or radioactive material and restricts access to these buildings to those who are potentially eligible for employment (16 is the youngest age that anyone is recruited to the CDC Summer Student Employment Program). The Occupational Safety and Health Committee (OHSC) member for each CIO will designate laboratory areas and laboratory buildings.

B. Children in Office Buildings

For those emergency situations where staff need to bring children to work, children may be in an office for short periods of time (2 hours or less), without prior approval, though the immediate supervisor will be informed. For periods longer than this, approval of the immediate supervisor must be obtained. However, generally no child should be present for a full day. Children come under the same guidelines as other visitors, and should not be left unaccompanied. All children under the age of 12 must be under the direct supervision of their parent at all times. At no time should a child of any age answer the telephone or operate office equipment.

C. Children in Engineering Work Areas, Warehouses, and other High Risk Areas

No children under the age of 16 will be allowed in any construction area, engineering work areas (i.e., workshops, power plants, etc.), warehouses, or other similar high risk areas.

D. Pets in Work Areas

Animals, as defined in Webster's New World Dictionary, shall not be brought upon government-owned/leased property for other than official purposes. Service dogs, or other service animals used to guide or assist persons with disabilities are exempt.

VI. RESPONSIBILITIES

A. Responsibilities of Supervisors

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The employee's immediate supervisor will be informed when a child is to be present in the workplace for short periods of time (2 hours or less). If this presents a problem, the supervisor will immediately inform the employee and negotiate a suitable leave alternative or an acceptable child's stay in an office for longer than two hours. This should be only with the prior permission of the immediate supervisor. Generally, it is not acceptable for a child to be present for a full day.

Supervisors may wish to consult with their Section/Branch/Division Chiefs or Associate Directors of Management and Operations (ADMOs) when considering such requests and again, particularly when discussing suitable leave options. Requests to bring children into the workplace should be given careful consideration. Requests shall be treated with flexibility and sensitivity. Factors to consider may include the age of the child, the child's health, the length of time involved, the frequency of attendance, the work environment, health and safety issues, and the degree of possible interference with other staff. Permission may be immediately

withdrawn should any child be disruptive to the workplace.

Supervisors are encouraged to advance annual leave in emergency situations, credit or compensatory time, sick leave to care for a sick child, or leave without pay.

B. Responsibilities of all Employees

All possible alternatives should be sought to avoid bringing children into the workplace. This is especially the case for occasions that can be anticipated (i.e., childcare for children during regularly scheduled school breaks, teacher work days, etc.) where childcare arrangements outside of the workplace can be scheduled in advance. These guidelines are intended to address emergency situations where a parent must bring a child to work for short periods when no other alternatives are available. Sick children should not be brought into the workplace. Appropriate leave should be granted so that parents may care for children in such situations.

The immediate supervisor should be informed when a child is to be present in the workplace with as much advance notice as possible, recognizing that it is in the nature of an emergency to be unforeseen. The principle of "reasonableness" will apply to both those requesting and those granting permission. Parents should be sensitive to the needs of colleagues and co-workers and should not expect others to care for their children in the workplace.

When bringing children into the workplace, the needs of other staff to work undisturbed should be respected. Parents must be aware that the ultimate responsibility for the safety of their children rests with them.

VII. COMPLIANCE

A. While each employee is responsible for abiding by workplace rules, regulations, policies, and guidelines, supervisors are responsible for oversight and com-

pliance.

B. Upon becoming aware of any infractions, employees will be counseled and reminded of the policy. In the event of repeated offenses, violations of this policy may result in disciplinary action.

VIII. REFERENCES

- A. CDC General Memorandum No. 85-8, dated March 22, 1985, is superseded.
- B. 41 CFR 101-20.3. Conduct on Federal Property.
- C. 7 USC, 2131-2156. Animal Welfare Act.
- D. 41 CFR 101-20.311. Conduct on Federal Property – Dogs and Other Animals.
- E. HHS Instruction 630-1, Leave and Excused Absence.
- F. HHS Instruction 751-1, Official Reprimands/Adverse Actions.
- G. PL 103-3, Family and Medical Leave Act, February 5, 1993.

¹References to CDC also apply to ATSDR

General Responsibilities Final Exam

- T F 1. The OSHA General Duty Clause requires CDC management to provide CDC employees a work environment which is free of recognized hazards that are likely to cause death or serious harm.
- T F 2. The OSHA Act of 1970 identifies supervisors and employees as being liable for unsafe acts in the work place.
- T F 3. The Hazard Communication Standard requires that only workers in laboratories be informed of the hazards associated with the chemicals they work with.
- T F 4. It is OK to loan your card key to someone else for a short period of time.
- T F 5. If you saw someone lying on the floor, apparently unconscious, you would immediately rush in and give aid.
- T F 6. If you discover a fire, you should make every attempt to put it out.
- T F 7. You have 30 days to notify your supervisor of any work-related injury.
- T F 8. Safety training is mandatory for all CDC workers including contractors.
- T F 9. To obtain protective eye wear, you would call the engineering services office.
- T F 10. Threatening behavior includes any behavior which by its very nature could be interpreted by a reasonable person as an intent to cause physical harm to another person.
- T F 11. The primary mission of the CDC Clinic is to monitor, prevent, and treat work-related injuries and illnesses.
- T F 12. To lift an object safely, you should squat down, check the weight of the object, grasp firmly, and lift straight up using your thigh muscles.
- T F 13. Falls are the most common office injury.
- T F 14. MSDs may be caused by repetitive motions.
- T F 15. The proper setting for a VDT screen is at eye level or just above.

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